2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM DOCUMENT # P94000051284 **Secretary of State** BENAIM, INCORPORATED Principal Place of Business Mailing Address % MONROE BENAIM P.O. BOX 3719 TEQUESTA FL 33469 PO BOX 3719 TEQUESTA FL 33469 No Chg-P CR2E034 (10/03) 01112005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0558546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BENAIM, MONROE N MD DO NOT WRITE 956 POMANO DR JUPITER, FL 33458 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little # app#cable. (NOTE, Registered Agent signature required when remstating) DATE \$5.00 May Be U00000258111 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 03/10/05-80024-021 150.00 OFFICERS AND DIRECTORS 10. PSTD IILE NAME BENAIM, RIVIAN P.O. BOX 3719 STREET ADDRESS CITY-ST-702 TEQUESTA, FL 33469 TITLE NAME STREET ADDRESS CRY-ST-7IP TITLE W.E STREET ADORESS DO NOT WRITE CITY-SY-ZIP

IN THIS SPACE

12. I heroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADORESS CITY-ST-ZIP mu NAME STREET ADDRESS CITY-ST-ZIP шц NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR URRECTOR